ARIZONA STATE BOARD OF HEALTH State File No. // O	
I I. PLACE OF BIRIR	TAL STATISTICS Registered No. 10 6 2
STANDARD CERT	FICATE OF BIRTH
County /VCA	State UMBOUA
District or Township or Villag J. O. Bot 556. Claypool, Urg	
City Miamic No. 48 Froncer Canon St. Of Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child ambroous Wia) If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other 6. Legitimate 1, 7. Date	
mile in event of plural births. S. No., in order of birth yla of birth Day Year	
8. O FATHER	14. MOTHER
Full name Sensorivo Dias	Full maiden name Tibrada Portello
9. Residence (Usual place of abodd Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Urgona.	If non-resident, give place and state. Www.
10. Color or race	16. Color or race
Mut. 11. Age at last birthda (Years)	My. 17. Age at last birthday 3.3. (Years)
Lalio en	Chihuahua
12. Birthplace (city or place)	18. Birthplace (city or place) Workmann (State or country)
(State or country)	
13. Occupation	19. Occupation
Nature of Industry Mull	Nature of Industry Yousewife
20. Number of children of this mother	
(Taken as of time of birth of child herein / 2 } (b) Born alive but now dead	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was a little at a live or still born. m. on the date above stated.	
(*When there was no attending physician or midwife, then the father, householder, Signeture Syril M. Craw M. W.	
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from	
n supplementi report Month, day, year Address / / / / / / / / / / / / / / / / / /	
File 260 / 50 / 6. O	
Registrar. Registrar.	
the term of the second	